

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574663

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	2			/		
4	0			/		
5	0			/		
6	0			/		
7	0			/		
8	0			/		
9	0			/		
10	0			/		
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48						
49						
50						
TOTAL IND.	1		2			
TOTAL DEP.	31	←	30	←		
TOTAL CLAIMS	32		32			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						